

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC HEALTH SERVICES**

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4673 FAX: 603-271-4859 TDD Access: 1-800-735-2964

**2009 BEVERAGE REGISTRATION  
RENEWAL APPLICATION**

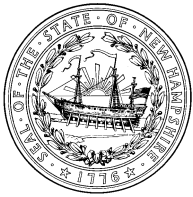
Enclosed is a renewal application for a New Hampshire beverage registration for the year 2009. The registration currently held by this company expires on January 1, 2009. In accordance with RSA 143:9, all beverages, including bottled water, and beverage concentrates manufactured out of state and sold within New Hampshire must be registered with the New Hampshire Department of Health and Human Services by the manufacturer or the manufacturer's agent. Please complete the enclosed application and return it with all applicable attachments and the \$140.00 fee made payable to "Treasurer, State of New Hampshire". **Incomplete or illegible applications will not be processed.**

**If you are no longer producing or marketing a beverage, bottled water or beverage concentrate which is sold in New Hampshire, please return this application with a note of explanation so that we can update our records. Thank you.**

If you have any questions, do not hesitate to contact me by telephone at (603) 271-4673 or by e-mail at [lkeller@dhhs.state.nh.us](mailto:lkeller@dhhs.state.nh.us).

Sincerely,

Leah Keller, Supervisor  
Beverages & Bottled Water  
Food Protection Section



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**2009 BEVERAGE AND BEVERAGE CONCENTRATE REGISTRATION RENEWAL APPLICATION**

(Each Bottling Facility Must Be Registered Separately)

(Please type or print)

**Full Legal Name of Corporation or Owner:** \_\_\_\_\_

**Name of Company Applying for Registration:** \_\_\_\_\_

(If different from above. Company name to go on registration)

**Contact Person:** (for correspondence) \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Bottling Facility Name:** (If different from above) \_\_\_\_\_

**Bottling Facility Address:** (If different from above) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Bottling Facility Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency After Hours Contact Name and Telephone Number:** \_\_\_\_\_

**Type of Product(s) Bottled:** (i.e. spring water, juice, soda, etc.) \_\_\_\_\_

**Source Of Water If Product Is Bottled Water:** \_\_\_\_\_

(Including name of source, if applicable)

**Complete List of Product(s), Including Brand Names, Produced At Above Plant.** Attach additional sheet if necessary.

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

**PLEASE ATTACH THE FOLLOWING:**

1. Copy of sanitary inspection conducted by the regulatory agency or third party audit organization, or health certificate or letter from regulatory agency certifying compliance with local regulations issued within the previous 12 months.
2. Copies of labels for new products or labels which have changed since previous registration.
3. \$140.00 fee made payable to **"Treasurer, State of New Hampshire"**.
4. Copy of complete analysis of finished product if product is bottled water.
5. Letter of approval of bottled water source from local, state, provincial or national government agency with regulatory authority over the source including approval for designation of spring water if the water is labeled as such.
6. Copies of any FDA approvals issued relative to labels making claims of medicinal or health giving properties.

I, (print name & title) \_\_\_\_\_, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section, Beverages & Bottled Water Program with regards to any changes, corrections or updates to the information provided.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date received: _____	Check number: _____	Amount: _____
Date issued: _____	Registration number: _____	Audit no.: _____
Reviewed by: _____	Date Reviewed: _____	